

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09095365	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2		1					52			
3		2					53			
4		0					54			
5		0					55			
6		0					56			
7		1					57			
8		1					58			
9		2					59			
10		2					60			
11	1						61			
12	1						62			
13		1					63			
14							64			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	13						TOTAL DEP.			
TOTAL CLAIMS	16						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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